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HOSPITAL STAFFING

PLANNING, TRAINING and PROMOTION

Louise C. Myers

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AGENDA

Workforce Planning

Unit Staffing

Training

Transfers and Promotions



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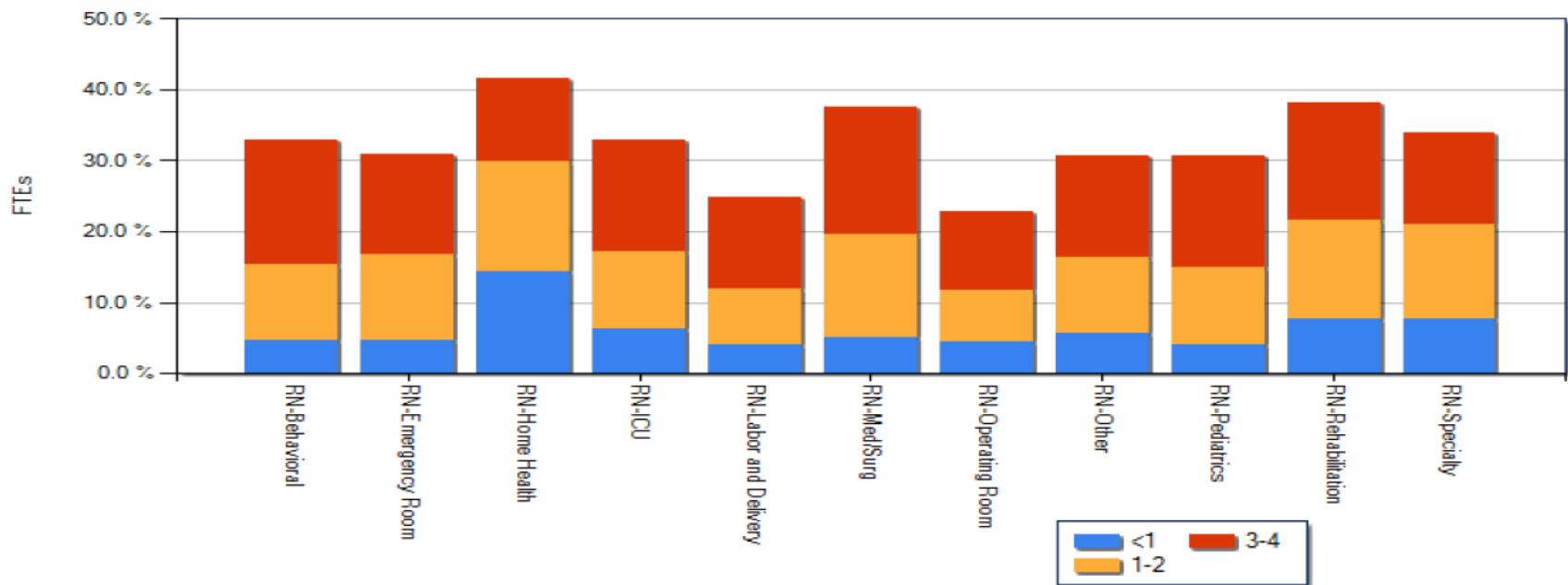
WORKFORCE PLANNING

- Defining the Plan
- Mapping Service Change
- Defining the Required Workforce
- Understanding the Available Workforce
- Defining an Action Plan
- Implement, Monitor and Refresh



Workforce Analytics (Example)

This chart demonstrates the percentages of RNs that have less than 5 years of service and are considered at-risk. This information can help members determine where a retention program may be needed, for example. Similar charts can be created for staff at-risk of retirement.



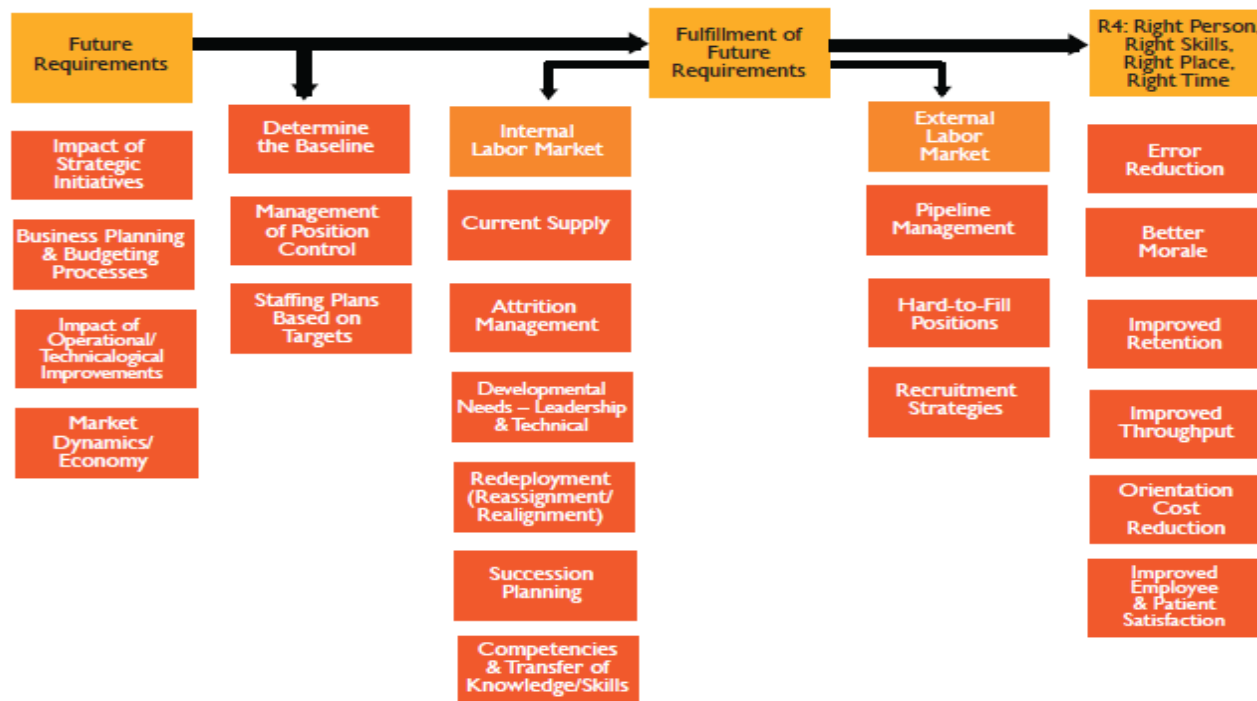


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COMPASS

CLINICAL CONSULTING™

Workforce Planning





UNIT STAFFING

Who are your patients?

- Age, Diagnoses, Drugs/Therapies/Treatments Delivered on the Unit

What are your hours of operation?

What is the current Skill Mix of the Patient Care Personnel?

What is the:

- Average Daily Census (based on 3 year trends)
 - Is a hospital daily census done at midnight?
- Average Length of Stay
- Admission/Discharge/Transfer “Churn Factor”
- Number of procedures



Units of Service (UOS)

Unit of Service (UOS) – Measure of Product or Service Produced

For Nursing Department:

Inpatient Units



Patient Days

Outpatient Units



Visits

Emergency Department



Visits

Surgical Units



Procedures or

Minutes

Labor & Delivery



Deliveries

Out-Patient Oncology



Treatments

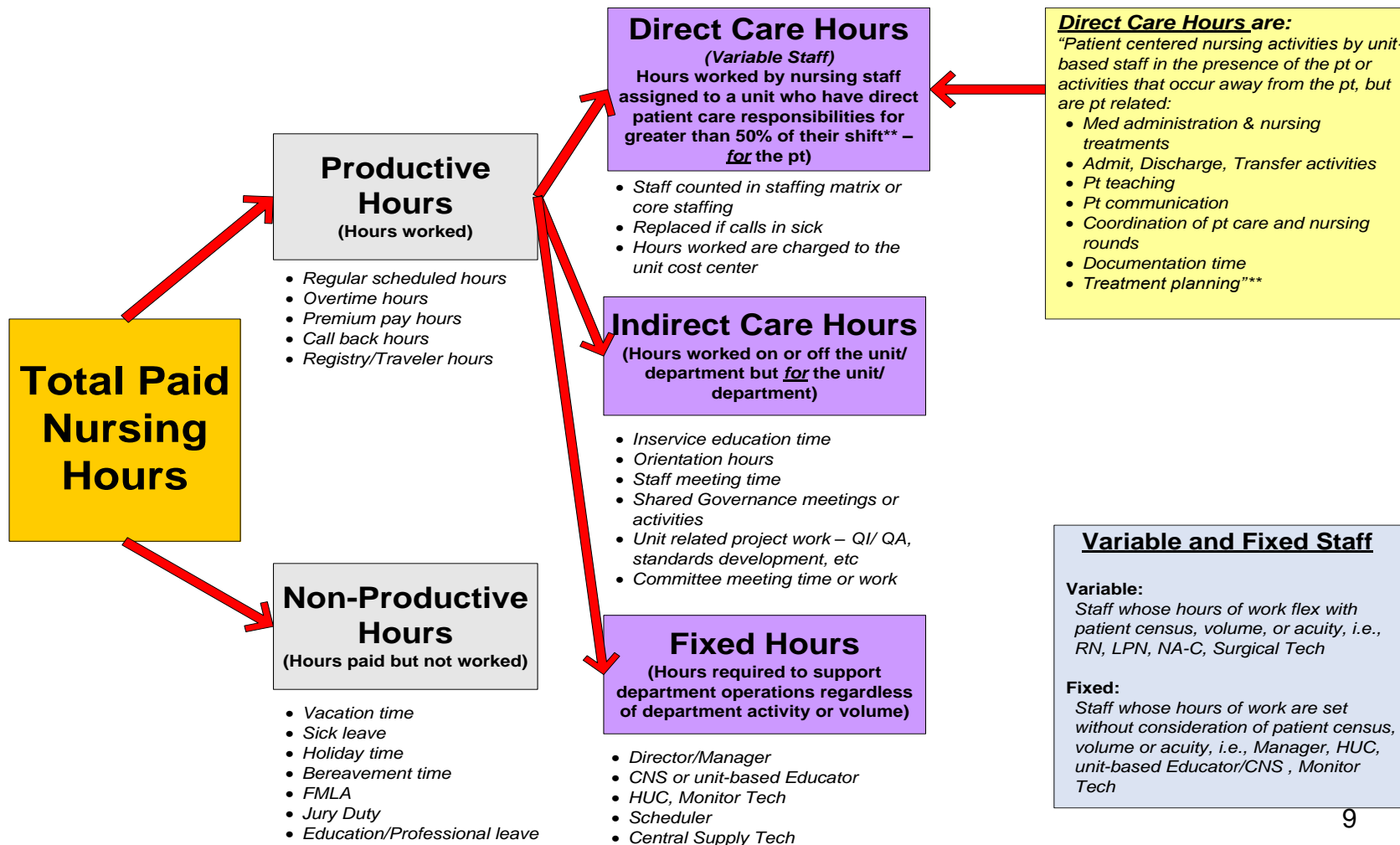


Care Delivery Model

- Projected Volume - **Units Of Service** (UOS)
- Determination of Workload Hours
 - What is your **Standard** for Direct Nursing Care? Hours (DNCH) per patient day (or UOS)
 - What is your Case Mix **Acuity**?
 - What is your target staffing coverage?
 - % RN, % LPN, %Nursing Assistant
 - % of Care Hours allocated per shift



Defining Nursing Hours





Full-Time Equivalents – FTE's

- Equivalent of 1 full-time employee working for 1 year
- 1.0 FTE = 2080 hrs/yr (8 hrs X 5 days X 52 wks)
= 40 hrs/wk (8 hrs X 5 days)
= 80 hrs/2 wks (8 hrs X 10 days)
- FTEs are converted to positions which are filled by employees



*Example: Direct Nursing Care Hours (DNCH)- General Medical Unit

Bed Capacity	36	
Patient Days (UOS)	11,790	
Average Daily Census Percent Occupancy	32.3 89.7%	11,790 patient days/365 days
DNCH/UOS	8.14	Established Standard
DNCH Required /Year FTE's	95,971 46.1	11,790 X 8.14 95,971 hrs/2080
DNCH Required/Day # Staff	262.93 32.9	32.3 ADC x 8.14 DNCH 262.93/8 hour shifts
* www.nhonl.org -New Hampshire Organization of Nurse Leaders		



Continuous Monitoring of Patient Acuity

Patient Acuity is Assessed, Documented and Trended

- ✓ Every patient assessed three times daily using specific unit guidelines (Score of 1-5)
- ✓ Average unit acuity score is determined and used to guide re-allocation of nursing resources
- ✓ Identify changing patient care needs



Acuity Index

Level	DNCH/ Patient Day	Patient Days	Workload Hours	
1	3.0	1061	3183	
2	5.2	3675	19,110	
3	8.8	4876	42,909	
4	13.0	1704	22,152	
5	18.2	474	8,627	
Total		11,790	95,981 DNCH	46.1 FTE's



Required Staff per Day

ADC – 32.3			DNCH 8.14	
Required Hours: 262.93			Required Staff: 32.9	
Hours by Shift	Days -40% (105.17)	Evening - 30% (78.88)	Nights – 30%- (78.88)	Total (by skill mix)
RN – 71%	9.3 (105.17x.71/8)	7.0 (78.88x.30/8)	7.0 (78.88x.30/8)	23.3
Nursing Assist. -29%	3.8 (105.17x.29/8)	2.9 (78.88x.29/8)	2.9 (78.88x.29/8)	9.6
Total (by shift mix)	13.1	9.9	9.9	32.9



Indirect Care Hours

- Orientation (Turnover, Anticipated Retirements)
 - In-Service Education – CPR, mandatory education
 - Staff meeting time
 - Committee time/work
 - Quality Improvement, Standards, etc
-
- Calculated by type of activity by staff position
 $\# \text{ staff} \times \# \text{ hrs} \times \# \text{ times} = \text{hrs}$



Fixed Staff

Positions whose hours are set and do not adjust with pt census, volume or acuity

- Manager
- Unit-Based Educator

Need to know:

- # of days/week and shift coverage
- Are they replaced when off?



Staff per Day and FTE Budget

Direct Care # Staff/Day	32.9
FTE's	
Direct Nursing Care	46.1
Fixed Staff	3.8
14% Non-Productive	6.9
Indirect Time	2.2
TOTAL PAID FTE's	59.0



Staffing and Flexible Budgeting

- Number of staff required 24 hours/day – 365 days
- Non-productive time as a percentage of total time
 - Sick, Vacation, Education Leave
- Daily, Weekly, Seasonal Volume Variability
- 80% Full-time; 10% Part-Time; 10% Per Diem
 - “True Flex Budget”
 - Overtime Goal: Not more than 1-3%

<http://www.wsna.org/Topics/Safe-Nurse-Staffing/Toolkit/>



Per Diem Staffing

Use for
Three
Conditions

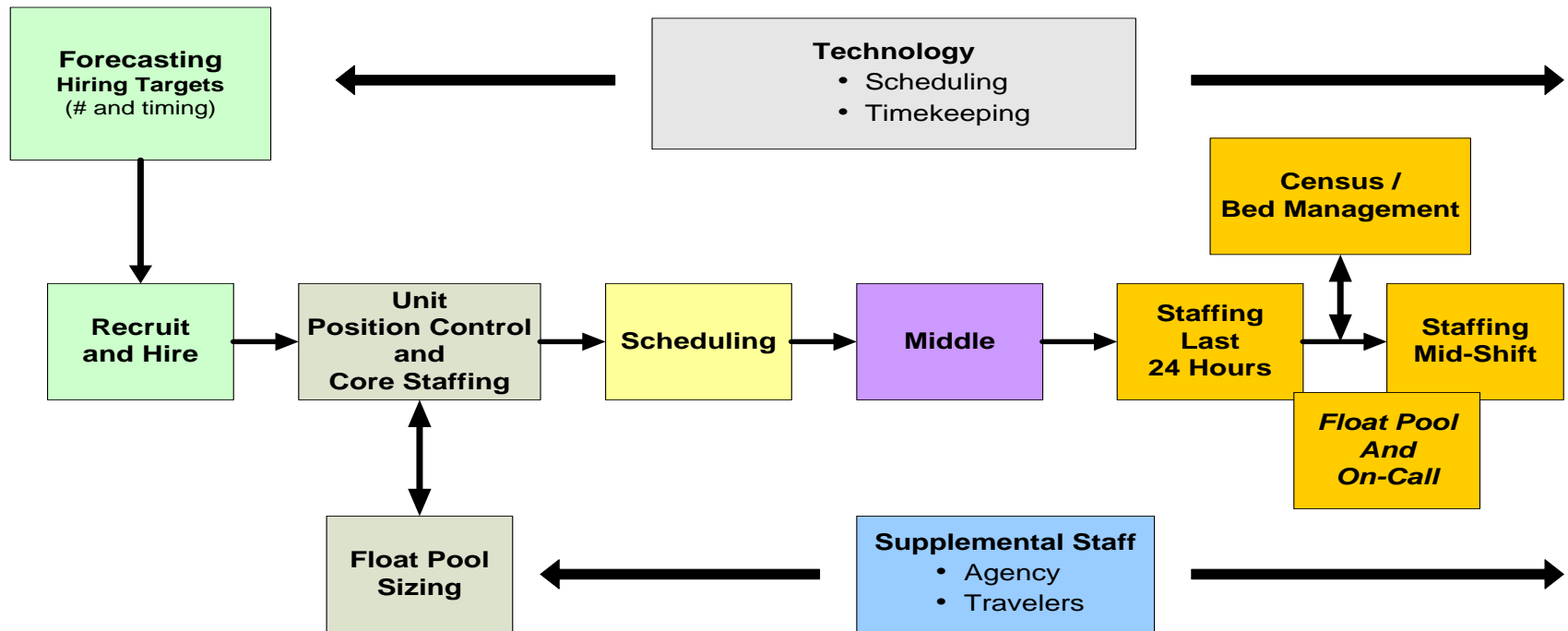
- Daily Staffing Requirements as per Master Grid
- Replacement for Non-Productive Positions
- Census peaks above 15-20%



Budget & Staffing Terminology

Acuity	Full-Time Equivalent
ADT Index	Non-Productive Time
Average Cost per Patient Day	Nursing Hours per Patient Day
Average Daily Census	Patient Census
Average Length of Stay	Patient Day
Bed Capacity	Percent Occupancy
Care Hours	Position Control
Cost/Revenue Center	Productive Time
Costs of Patient Care	Workload Units

Staffing and Scheduling Placemat



Forecasting Process – Planning activities that include determination of core staffing and hiring targets

Scheduling Process – From when requests are due until final schedule is posted

Middle Process – Activity occurring after the schedule is posted and up to 24 hrs before (72 hrs on weekends)

Staffing Process – From 24 hrs before (72 hrs on weekends) to day of staffing



Six Week Planning Cycle

Historical Trended Data -Project Patient Census and Clinical Activity

- Number of Admissions, Discharges, Transfers
- By Day of Week and Time of Day

Human Resource Department

- Corrective HR Plan developed and implemented within Three (3) Months if Vacancy Rates 15%+
- Study Turn-Over and Call-In Rates – by Unit



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Patient Outcomes

- ✓ Lower staffing levels are linked to higher adverse outcome rates
- ✓ Pneumonia rates are especially sensitive to staffing levels
- ✓ All adverse events studied (pneumonia, pressure ulcer, Urinary Tract Infection, wound infection, patient fall/injury, sepsis, and adverse drug event) were associated with increased costs

Agency for Health Research and Quality – March 2004 Research in Action www.ahrq.gov



TRAINING

Needs Assessment

Provide learning opportunities that respond to the needs of the organization

Enhance job performance

Further professional growth

Change an organizational culture



Types of Training

Orientation

Remedial Training - to correct observed deficiencies in employee knowledge, skill, and attitudes

Upgrading or Advanced Training - to improve or upgrade individual job skills and knowledge



Types of Needs Assessment

1. Organizational Needs Assessment

Ex: New Clinical Service, Productivity Issue, Infection Rates

2. Group Needs Assessment

Related to specific job levels and Categories

3. Individual Employee Needs Assessment

Skills needed to do the employee's current job, future assignments, and career plans.

4. Job Needs Assessment

Occupational, job, and task analyses



Rapid Group Needs Assessment (1)

1

- Gather Employees with Same Job

2

- Each Writes His/Her Ten Top Training Needs – Must Be Specific

3

- Facilitator Records the Lists Eliminating Duplicates

4

- Prioritize with Weighted Voting Process



Rapid Group Needs Assessment (2)

5

- List Training Needs in Order of Importance

6.

- Brainstorm Needed Outcomes or Goals of Top 3-5 Choices

7.

- Tie to Employee Performance Development Plan

Tips

- Meet expectations generated by the process

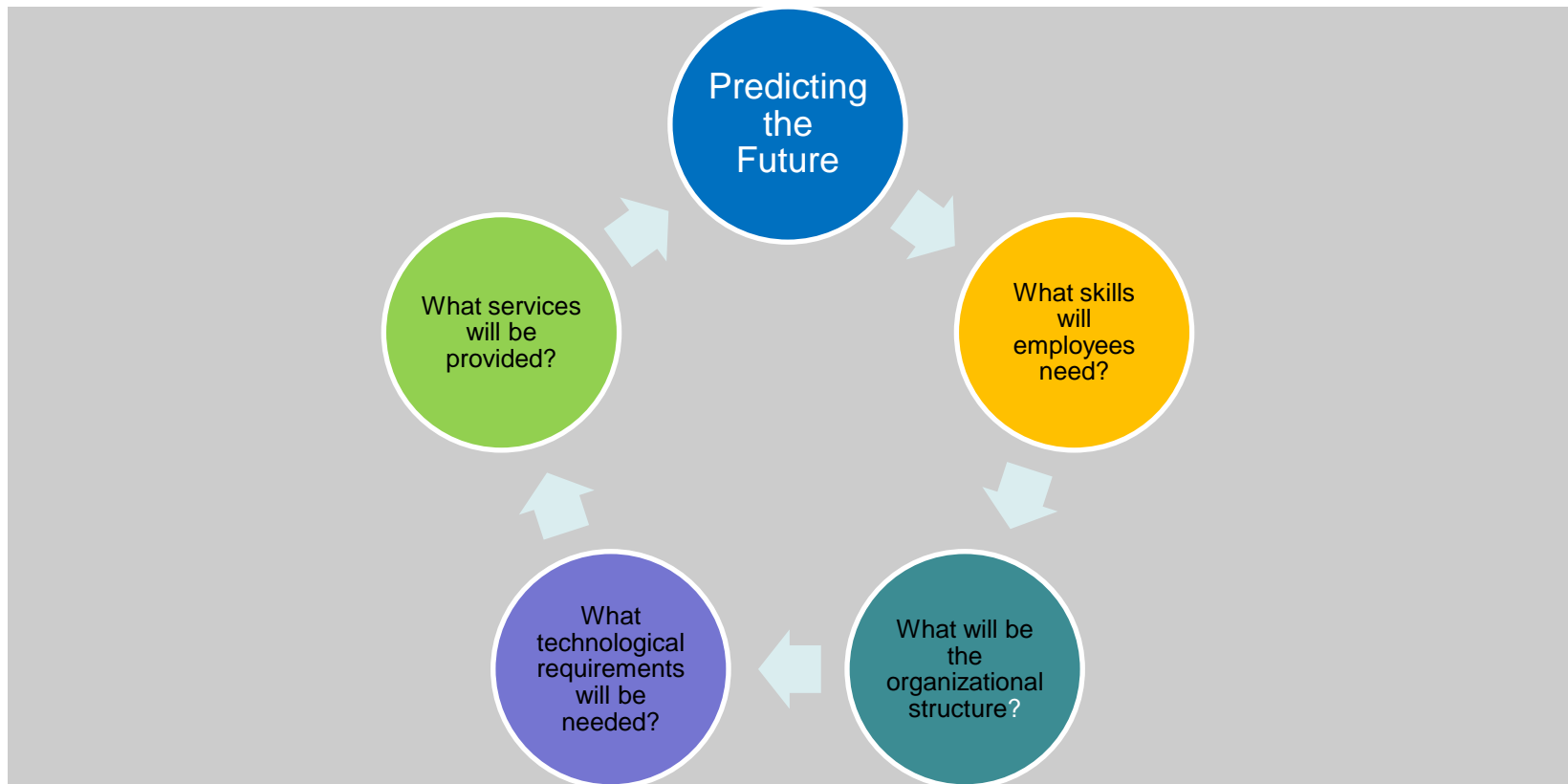


Factors Supporting Performance Improvement

1. Clear job expectations
2. Clear and immediate performance feedback
3. Adequate physical environment, including proper tools, supplies and work space
4. Motivation and Incentives to perform as expected
5. Skills and Knowledge required to do the job

From: "Learning for Performance – A Guide and Toolkit for Health Worker Training and Education Programs";
The Capacity Project. USAID and IntraHealth International, 2007

Challenge for Human Resources





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TRANSFERS and PROMOTIONS

Encourage
employees to
advance their
careers

Positions posted
internally for 7 days

Inside candidates
considered first



Eligibility

You have completed your orientation period.

You have been in your present position for at least six months.

You have a score on your most recent performance evaluation of at least “meets expectations”

You do not have any active written disciplinary warnings in your personnel file.

You meet the minimum qualifications of the job for which you are applying.



Job Descriptions – Qualifications Defined

Education

Experience

Licensure/Certifications

Knowledge, Skills, and
Abilities



Required Qualifications -Infection Control Practitioner

Education:

- Bachelor of Science in Nursing or Bachelor of Science in related medical field required.

Experience:

- Three years as a registered nurse or three years of experience in infection control.
- For Nurses, one year of experience in infection prevention preferred OR coursework in infection prevention preferred.

Degrees, Licensure, and/or Certification:

- Must have current or compact RN licensure in the state of North Carolina, when applicable. Certified in Infection Control (CIC) preferred.



Required Qualifications (2)

Knowledge, Skills, and Abilities:

- Must be able to safely lift up to 50 pounds.
- Must display a neat, clean, professional appearance.
- Must understand importance of and maintain confidentiality of patient information.
- Exhibit an attitude, which promotes harmony and goodwill among patients, caregivers, and co-workers.
- Must communicate clearly and effectively both verbally and in writing and in a timely manner.
- Must be able to listens effectively to patient, caregivers, co-workers, and supervisor.
- Must participate in weekly and monthly on call schedule.



Resources:

North Dakota State Government – HR Management Services –Training and Development <http://www.nd.gov/hrms/managers/guide/tngdev.html>

Washington State Nurses Association Safe Nurse Staffing – Toolkit 2005-2013
<http://www.wsna.org/Topics/Safe-Nurse-Staffing/Toolkit/>

“Learning for Performance – A Guide and Toolkit for Health Worker Training and Education Programs”; The Capacity Project. USAID and IntraHealth International, 2007 <http://www.intrahealth.org/page/training-innovations-and-provider-performance>

Minnesota Hospital Association: <http://www.mnhospitals.org/data-reporting/data-products-services/workforce-planning-tool>

New Hampshire Organization of Nurse Leaders: Bringing Your Nurse Staffing Committee to Life: Staffing, Scheduling and Budgeting for the Bedside Clinician
www.nhonl.org New Hampshire Organization of Nurse Leaders